

Caroline Haskins
MuckRock News
DEPT MR 80046
411A Highland Ave
Somerville, MA 02144-2516

October 2, 2019

Caroline,

Enclosed, please find the records we have identified in our possession that are both responsive to your request under the California Public Records Act, and releasable under California law.

Your request, which arrived in our office on September 24, 2019, seeks:

"...all records relating to Ring's ability to operate in the state."

In this same correspondence to us, you reference a September 9, 2019 request. Our office has no record of the September 9 request.

Please be advised that we have redacted the records we are providing, as we are required to do, to remove some protected information related the identification of the entities referenced in these records. Those redactions include addresses, signatures, social security and federal employer identification numbers.

Sincerely,

Ben Deci, Public Information Officer
California Department of Consumer Affairs
1625 North Market Blvd, Suite N-323
Sacramento, CA 95834
(916) 574-7744 | Ben.deci@dca.ca.gov

STATE OF CALIFORNIA





BUREAU OF SECURITY AND INVESTIGATIVE SERVICES

P.O. Box 989002, West Sacramento, CA 95798-9002

P (916) 322-4000 (800) 952-5210 | F (916) 575-7290 | www.bsis.ca.gov

AUG - 8 2017

By: CCU

ALARM COMPANY OPERATOR
APPLICATION FOR LICENSE

6581945/6581949/1-22141/315
" 13705534/ " 149-

This information is requested pursuant to California Business and Professions Code section 7593 and will be used to determine eligibility for licensure. All information is necessary and if not provided, the application may be rejected. You must submit the licensing fee(s) with your application package. Failure to do so may delay the processing of your application. **Please note that the application processing fee/examination fee and/or license fees are non-refundable.**

If the qualified manager has already passed the Bureau examination and is still eligible to be a qualified manager, you may submit the licensing fee and the application fee with this application.

ACQ 7723

☐ Check this box if this application is for Reassignment of an existing license.

PLEASE TYPE OR PRINT CLEARLY.

1. Proposed Business Name
Ring Protect Inc.2. Business Address - Number and Street
1523 26th StreetCity
Santa MonicaState
CAZip Code
904043. Qualified Manager's Full Name
Tyler William McCurdy4. Qualified Manager License Number (if licensed)
ACQ 57785. Telephone - Business
(504) 496-0125

Residence

6. Type of Business Organization

☐ Individual☐

Partnership

☒

Corporation

☐

Limited Liability Company

Social Security or Individual
Taxpayer Identification Number
(Individual Ownership Only)FEIN (Partnership, Corporation, or
LLC only)C4044585
Secretary of State Identification
Number (Corporation Only)

List the name of each owner, partner, managing member, or officer of the business and identify their position. For corporations list chief executive officer, secretary, chief financial officer, and any other corporate officer who will be active in the business. If additional space is needed, attach a separate sheet.

Name - Last	First	Middle	Position	Telephone
Tang, Melvin	51083		President	(504) 496-0125
Shaffer, Leila Rouhi	51084		Secretary	(504) 496-0125
				()

Each person listed in items 3 and 6 must complete and submit an Alarm Company Operator Personal Identification Form (Form 31D-9), even though the person may have previously submitted this information in connection with another license.

I/We declare under penalty of perjury, under the laws of the State of California, that all information contained on this Application for License and any accompanying documents is true and correct, with full knowledge that all statements made in this form are subject to investigation and that ANY FALSE OR DISHONEST ANSWER TO ANY QUESTION MAY BE GROUNDS FOR DENIAL OR SUBSEQUENT REVOCATION OF LICENSE.

Signature _____ Date 7/25/17

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

SIGNATURES REQUIRED: If type of license is individual, the owner must sign. If type of license is a partnership, all partners must sign. If type of license is a corporation, a duly authorized officer must sign. If type of license is a LLC, a duly authorized managing member must sign.

(See Next Page for Additional Information)



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ALARM COMPANY OPERATOR REQUEST FOR AUTHORIZATION OF BUSINESS NAME

Any name under which you intend to do business, including your own name, must be submitted to the Bureau for approval pursuant to California Business and Professions Code section 7593. A Request for Authorization of Business Name form will not be accepted prior to an application for license. Business may not be conducted under a fictitious or other business name unless written authorization is received from the Bureau. Any advertisement must contain the exact business name as approved by the Bureau. The use of a fictitious business name is subject to the provisions of California Business and Professions Code Chapter 5 (commencing with section 17900) of Part 3 of Division 7. This Chapter defines fictitious names and contains provisions regarding use and requirement for filing a statement with the local county clerk.

Alarm Company Operator: Business and Professions Code section 7593 states in part:

No license shall be issued in any fictitious name which may be confused with or which is similar to any federal, state, county, or municipal governmental function or agency or to any law enforcement agency, or in any name which may tend to describe any business function or enterprise not actually engaged in by the applicant.

* The Bureau must maintain a physical address of record on file at all times. If mail delivery to the physical location of the business is not possible, please list a mailing address in addition to the physical business address. If you are operating out of your residence and wish to keep your physical address confidential from public record, please submit a written request and attach it with this form.

1. Name of Qualified Manager Tyler William McCurdy

2. *Physical Business Address - Number and Street City Santa Monica State CA Zip Code 90404
1523 26th Street

3. *Mailing Address (If applicable) City State Zip Code
same

4. Telephone Number Residence [REDACTED] Business (504) 496-0125

5. List proposed business names in the order of preference. At least three choices should be provided if a fictitious name is requested; however, five choices are preferable. If the first name listed is approved, additional names will not be considered. Other criteria for name approval:

- If initials are to be used as part of the name, you must explain what they stand for.
- The use of the following words will not be approved for an individual or partnership license: Corporation, Corp., Incorporated, Inc.
- The following words or initials will not be approved as part of a fictitious or business name: U.S., United States, Federal, State, Bureau, Police, Task Force, Community, County.

1. Ring Protect Inc. ✓

2. _____

3. _____

4. _____

5. _____

6. CERTIFICATION:

If type of license is individual, the owner must sign.

If type of license is a corporation, a duly authorized officer must sign.

If type of license is a partnership, all partners must sign.

If type of license is a LLC, a duly authorized managing member must sign.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature [REDACTED] Title Secretary Date 7-15-17

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

(See Next Page for Additional Information)



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AUG - 8 2017

By: CCU PERSONAL IDENTIFICATION FORM

ALARM COMPANY OPERATOR, PRINCIPALS, CORPORATE OFFICERS, MANAGING MEMBERS, AND ALARM COMPANY QUALIFIED MANAGER

Have you served or are currently serving in the United States military? ☐ Yes* ☒ No

*In order to assist veterans in their transition from military service to civilian employment, BSIS has implemented the Veterans Come First Program which offers priority services to veteran applicants. Disclosure of military service is voluntary and participation in the program is optional. If you choose to use the Veteran's Come First Program, check the military status box and submit proof of military service (e.g. DD-214, DD-256, V-MET record, military orders, military I.D., etc.) along with your application.

Each person listed on the Alarm Company Operator Application for License (Form 31D-4) as an owner, partner, corporate officer, managing member, and qualified manager of the business must complete and submit this form. This form is also to be completed for any change in corporate officer, managing member, or qualified manager after the license is issued. A corporate officer includes the chief executive officer, secretary, chief financial officer and any other officer who will be active in the business.

This form must be accompanied by one passport quality photograph, taken within the past year.

This information is requested pursuant to California Business and Professions Code sections 480, 7593.1, 7593.2, 7593.3, 7593.4, and Labor Code section 432.7 and will be used to determine eligibility for licensure. All information is necessary, and if not provided, the application may be rejected.

PLEASE TYPE OR PRINT CLEARLY

1. This application is for a: <input checked="" type="checkbox"/> Alarm Company Operator License <input type="checkbox"/> Alarm Company Operator Qualified Manager		2. A change in an existing license: <input checked="" type="checkbox"/> Corporate Officer <input type="checkbox"/> Qualified Manager <input type="checkbox"/> Managing Member <input type="checkbox"/> Other _____		3. Name of Qualified Manager (Please Print) Tyler William McCurdy	
4. Business Name Ring Protect Inc.				5. License Number (if licensed)	
6. Full Name Last First Middle Tang, Melvin				7. Social Security or Individual Taxpayer Identification Number (Mandatory) [REDACTED]	
8. Residence Address - Number and Street City [REDACTED]				State Zip Code	
9. Telephone Number Residence [REDACTED] Business (504) 496-0125		10. E-mail Address (optional)		11. Date of Birth (Mo/Day/Yr) [REDACTED]	
12. YOUR POSITION WITH BUSINESS: (Check all that apply) <input type="checkbox"/> OWNER <input type="checkbox"/> QUALIFIED MANAGER <input type="checkbox"/> PARTNER <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> MANAGING MEMBER OFFICE HELD President					
13. Have you ever applied for or received a license or registration from the Department of Consumer Affairs, the Department of Professional and Vocational Standards, Bureau of Private Investigators and Adjusters, the Collection Agency Licensing Bureau, the Bureau of Collection and Investigative Services, or the Bureau of Security and Investigative Services?				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
14. Have you or any partnership or corporation of which you were a member or officer had any license denied, suspended or revoked by any state, territory, or governmental agency?				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
15a. Have you ever been convicted of, or pled guilty or nolo contendere to ANY criminal or civil offense in the United States, its territories, or a foreign country? This includes every citation, infraction, misdemeanor and/or felony. Convictions that were adjudicated in the juvenile court or convictions under California Health and Safety Code sections 11357(b), (c), (d), (e) or section 11360(b) which are two years or older, as well as criminal charges dismissed under section 1000.3 of the Penal Code or equivalent non-California laws, should NOT be reported. Convictions that were later dismissed pursuant to sections 1203.4, 1203.4a, and 1203.41 of the California Penal Code or equivalent non-California law MUST be disclosed.				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
15b. Is any criminal action pending against you, or are you currently awaiting judgment and sentencing following entry of a plea or jury verdict?				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
16. Have you ever used a name other than your present legal name?				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

IMPORTANT: If you answered "YES" to any of the preceding questions, attach a supplementary statement giving a complete and detailed explanation, including dates, names used, license numbers, reasons, convictions, etc.

17. EMPLOYMENT HISTORY: Your past five-year employment history must be shown. List most recent experience first. Qualified managers must list two years of qualifying experience and attach their completed Qualifying Experience forms for any experience used to qualify for the license examination. If additional space is needed, attach a separate sheet.

NAME OF EMPLOYER Bot Home Automation		TELEPHONE NUMBER (910) 939-0555	
ADDRESS: NUMBER STREET 1523 26th Street, Santa Monica, CA 90404	CITY	STATE	ZIP CODE
YOUR POSITION TITLE Chief Financial Officer		SUPERVISOR'S NAME JAMIE SIMINOFF	
DATES EMPLOYED (Month/Day/Year) From: 5/2016 To: Present		TOTAL NUMBER OF HOURS WORKED 3033	
NAME OF EMPLOYER Sparefoot Inc.		TELEPHONE NUMBER (512) 705-6208	
ADDRESS: NUMBER STREET 800 Brazos Street, Austin, TX	CITY	STATE	ZIP CODE
YOUR POSITION TITLE Chief Financial Officer		SUPERVISOR'S NAME CHUCK GORDON	
DATES EMPLOYED (Month/Day/Year) From: 1/2016 To: 5/2016		TOTAL NUMBER OF HOURS WORKED 867	
NAME OF EMPLOYER Demand Media		TELEPHONE NUMBER (310) 394-6400	
ADDRESS: NUMBER STREET 1655 26th Street, Santa Monica, CA	CITY	STATE	ZIP CODE
YOUR POSITION TITLE Chief Financial Officer		SUPERVISOR'S NAME RICHARD ROSENBLATT	
DATES EMPLOYED (Month/Day/Year) From: 7/2006 To: 12/2014		TOTAL NUMBER OF HOURS WORKED 22100	

18. List your residence addresses for the past five years. Give the most recent first, using additional sheet if necessary.

NUMBER AND STREET	CITY	STATE	ZIP CODE	FROM	TO
				7/2016	Present
				7/2015	7/2016
				4/2010	7/2015

ATTENTION - READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS FORM

I declare under penalty of perjury, under the laws of the State of California, that all information contained on this Personal Identification Form and any accompanying documents is true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question may be grounds for denial or subsequent revocation of license.

SIGNATURE

DATE

7/5/17

Disclosure Language: Pursuant to Business and Professions Code section 30, providing your social security or individual taxpayer identification number is mandatory and will be used exclusively for tax enforcement purposes and for compliance with any judgment or order for family support in accordance with section 17520 of the Family Code. Your social security or individual taxpayer identification number may also be used for verification of licensure or examination status for national examination where licensure is reciprocal with a requesting state. If you fail to provide your social security or individual taxpayer identification number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

Submission of the requested information is mandatory. The Bureau of Security and Investigative Services cannot consider your application for licensure or renewal unless you provide all of the requested information.

Gov. Code § 6250 et seq.) and the Information Practices Act (Civ. Code § 1798.61), the names and addresses of be disclosed by the Department unless otherwise specifically exempt from disclosure under the law. We make you provide us. The information you provide, however, may be disclosed in response to a court or warrant.

The Bureau of Security and Investigative Services, Department of Consumer Affairs, is responsible for maintaining the information in this application. You have the right to review the records maintained on you by the Bureau or Department unless the records are exempt from disclosure by section 1798.40 of the Civil Code. Your completed application becomes the property of the Bureau and will be used by authorized personnel to determine your eligibility for a license, registration or permit. Information on your application may be transferred to other governmental or law enforcement agencies, as permitted by law.

For questions about this notice or access to your record, you may contact the Bureau of Security and Investigative Services, Attn: Public Records Liaison, P.O. Box 980550, Sacramento, CA 95798-0550, by phone at (916) 321-4000 or (800) 952-5210, or by e-mail at bsis@dca.ca.gov. For questions about the Department's Privacy Policy, you may contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210 or by e-mail at dca@dca.ca.gov.



RECEIVED BUREAU OF SECURITY AND INVESTIGATIVE SERVICES

P.O. Box 989002, West Sacramento, CA 95798-9002
AUG - 8 2017 P (916) 322-4000 (800) 952-5210 | F (916) 575-7290 | www.bsis.ca.gov**By: CCU PERSONAL IDENTIFICATION FORM**
ALARM COMPANY OPERATOR, PRINCIPALS, CORPORATE OFFICERS, MANAGING MEMBERS, AND ALARM COMPANY QUALIFIED MANAGER

Have you served or are currently serving in the United States military? ☐ Yes* ☒ No

*In order to assist veterans in their transition from military service to civilian employment, BSIS has implemented the Veterans Come First Program which offers priority services to veteran applicants. Disclosure of military service is voluntary and participation in the program is optional. If you choose to use the Veteran's Come First Program, check the military status box and submit proof of military service (e.g. DD-214, DD-256, V-MET record, military orders, military I.D., etc.) along with your application.

Each person listed on the Alarm Company Operator Application for License (Form 31D-4) as an owner, partner, corporate officer, managing member, and qualified manager of the business must complete and submit this form. This form is also to be completed for any change in corporate officer, managing member, or qualified manager after the license is issued. A corporate officer includes the chief executive officer, secretary, chief financial officer and any other officer who will be active in the business.

This form must be accompanied by one passport quality photograph, taken within the past year.

This information is requested pursuant to California Business and Professions Code sections 480, 7593.1, 7593.2, 7593.3, 7593.4, and Labor Code section 432.7 and will be used to determine eligibility for licensure. All information is necessary, and if not provided, the application may be rejected.

PLEASE TYPE OR PRINT CLEARLY

1. This application is for a: <input checked="" type="checkbox"/> Alarm Company Operator License <input type="checkbox"/> Alarm Company Operator Qualified Manager		2. A change in an existing license: <input checked="" type="checkbox"/> Corporate Officer <input type="checkbox"/> Qualified Manager <input type="checkbox"/> Managing Member <input type="checkbox"/> Other _____		3. Name of Qualified Manager (Please Print) <u>Tyler William McCurdy</u>	
4. Business Name <u>Ring Protect Inc.</u>				5. License Number (if licensed)	
6. Full Name Last First Middle <u>Shaffer, Leila Rouhi</u>				7. Social Security or Individual Taxpayer Identification Number (Mandatory) [REDACTED]	
8. Residence Address - Number and Street City State Zip Code [REDACTED]					
9. Telephone Number Residence [REDACTED] Business (504) 496 - 0125		10. E-mail Address (optional)		11. Date of Birth (Mo/Day/Yr) [REDACTED]	
12. YOUR POSITION WITH BUSINESS: (Check all that apply) <input type="checkbox"/> OWNER <input type="checkbox"/> QUALIFIED MANAGER <input type="checkbox"/> PARTNER <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> MANAGING MEMBER OFFICE HELD <u>Secretary</u>					
13. Have you ever applied for or received a license or registration from the Department of Consumer Affairs, the Department of Professional and Vocational Standards, Bureau of Private Investigators and Adjusters, the Collection Agency Licensing Bureau, the Bureau of Collection and Investigative Services, or the Bureau of Security and Investigative Services?				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
14. Have you or any partnership or corporation of which you were a member or officer had any license denied, suspended or revoked by any state, territory, or governmental agency?				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
15a. Have you ever been convicted of, or pled guilty or nolo contendere to ANY criminal or civil offense in the United States, its territories, or a foreign country? This includes every citation, infraction, misdemeanor and/or felony. Convictions that were adjudicated in the juvenile court or convictions under California Health and Safety Code sections 11357(b), (c), (d), (e) or section 11360(b) which are two years or older, as well as criminal charges dismissed under section 1009.3 of the Penal Code or equivalent non-California laws, should NOT be reported. Convictions that were later dismissed pursuant to sections 1203.4, 1203.4a, and 1203.41 of the California Penal Code or equivalent non-California law MUST be disclosed.				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
15b. Is any criminal action pending against you, or are you currently awaiting judgment and sentencing following entry of a plea or jury verdict?				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
16. Have you ever used a name other than your present legal name?				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

IMPORTANT: If you answered "YES" to any of the preceding questions, attach a supplementary statement giving a complete and detailed explanation, including dates, names used, license numbers, reasons, convictions, etc.

17. **EMPLOYMENT HISTORY:** Your past five-year employment history must be shown. List most recent experience first. Qualified managers must list two years of qualifying experience and attach their completed Qualifying Experience forms for any experience used to qualify for the license examination. If additional space is needed, attach a separate sheet.

NAME OF EMPLOYER Bot Home Automation		TELEPHONE NUMBER (310) 892-3731	
ADDRESS: NUMBER STREET 1523 26th Street, Santa Monica, CA 90404	CITY	STATE	ZIP CODE
YOUR POSITION TITLE General Counsel		SUPERVISOR'S NAME Melvin Tang	
DATES EMPLOYED (Month/Day/Year) From: 6/2016 To: Present		TOTAL NUMBER OF HOURS WORKED 2080	
NAME OF EMPLOYER Guru Denim		TELEPHONE NUMBER (323) 266-3072	
ADDRESS: NUMBER STREET 1888 Rosecrans Avenue, Manhattan Beach CA	CITY	STATE	ZIP CODE
YOUR POSITION TITLE Director Legal Affairs		SUPERVISOR'S NAME Ilene Eskenazi	
DATES EMPLOYED (Month/Day/Year) From: 6/2014 To: 6/2016		TOTAL NUMBER OF HOURS WORKED 4160	
NAME OF EMPLOYER Eisner Jaffee		TELEPHONE NUMBER (310) 855-3200	
ADDRESS: NUMBER STREET 9601 Wilshire Blvd #700, Beverly Hills, CA	CITY	STATE	ZIP CODE
YOUR POSITION TITLE Attorney		SUPERVISOR'S NAME Michael Eisner	
DATES EMPLOYED (Month/Day/Year) From: 10/2007 To: 5/2014		TOTAL NUMBER OF HOURS WORKED 13867	

18. List your residence addresses for the past five years. Give the most recent first, using additional sheet if necessary.

NUMBER AND STREET	CITY	STATE	ZIP CODE	FROM	TO
				2012	Present
				2010	2012

ATTENTION – READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS FORM

I declare under penalty of perjury, under the laws of the State of California, that all information contained on this Personal Identification Form and any accompanying documents is true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question may be grounds for denial or subsequent revocation of license.

7-5-17
DATE

Disclosure Language: Pursuant to Business and Professions Code section 30, providing your social security or individual taxpayer identification number is mandatory and will be used exclusively for tax enforcement purposes and for compliance with any judgment or order for family support in accordance with section 17520 of Family Code. Your social security or individual taxpayer identification number may also be used for verification of licensure or examination status for national examination where licensure is reciprocal with a licensing state. If you fail to provide your social security or individual taxpayer identification number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

Disclosure of the requested information is mandatory. The Bureau of Security and Investigative Services cannot consider your application for licensure or renewal unless you provide all of the requested information.

Business and Professions Code § 6250 et seq.) and the Information Practices Act (Civ. Code § 1798.61), the names and addresses of persons who are disclosed by the Department unless otherwise specifically exempt from disclosure under the law. We make no guarantee that we will provide you with the information you provide, however, may be disclosed in response to a court or other governmental or law enforcement agencies, as permitted by law.

The Bureau of Security and Investigative Services, Department of Consumer Affairs, is responsible for maintaining the information in this application. You have the right to review the records maintained on you by the Bureau or Department unless the records are exempt from disclosure by section 1798.40 of the Civil Code. Your completed application becomes the property of the Bureau and will be used by authorized personnel to determine your eligibility for a license, registration or permit. Information on your application may be transferred to other governmental or law enforcement agencies, as permitted by law.

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BUREAU OF SECURITY AND INVESTIGATIVE SERVICES

P.O. Box 989002, West Sacramento, CA 95798-9002

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AUG - 8 2017

By: CCU PERSONAL IDENTIFICATION FORM
ALARM COMPANY OPERATOR, PRINCIPALS, CORPORATE OFFICERS, MANAGING MEMBERS, AND ALARM COMPANY QUALIFIED MANAGER

Have you served or are currently serving in the United States military? ☐ Yes* ☒ No

*In order to assist veterans in their transition from military service to civilian employment, BSIS has implemented the Veterans Come First Program which offers priority services to veteran applicants. Disclosure of military service is voluntary and participation in the program is optional. If you choose to use the Veteran's Come First Program, check the military status box and submit proof of military service (e.g. DD-214, DD-256, V-MET record, military orders, military I.D., etc.) along with your application.

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PLEASE TYPE OR PRINT CLEARLY

1. This application is for a: <input checked="" type="checkbox"/> Alarm Company Operator License <input type="checkbox"/> Alarm Company Operator Qualified Manager		2. A change in an existing license: <input type="checkbox"/> Corporate Officer <input type="checkbox"/> Qualified Manager <input type="checkbox"/> Managing Member <input type="checkbox"/> Other _____		3. Name of Qualified Manager (Please Print) Tyler McCurdy	
4. Business Name Ring Protect Inc.				5. License Number (if licensed)	
6. Full Name Last First Middle McCurdy, Tyler William				7. Social Security or Individual Taxpayer Identification Number (Mandatory) [REDACTED]	
8. Residence Address - Number and Street City State Zip Code [REDACTED]					
9. Telephone Number Residence [REDACTED] Business (504) 496-0125		10. E-mail Address (optional)		11. Date of Birth (Mo/Day/Yr) [REDACTED]	
12. YOUR POSITION WITH BUSINESS: (Check all that apply) <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> QUALIFIED MANAGER <input type="checkbox"/> PARTNER <input type="checkbox"/> OFFICER <input type="checkbox"/> MANAGING MEMBER OFFICE HELD					
13. Have you ever applied for or received a license or registration from the Department of Consumer Affairs, the Department of Professional and Vocational Standards, Bureau of Private Investigators and Adjusters, the Collection Agency Licensing Bureau, the Bureau of Collection and Investigative Services, or the Bureau of Security and Investigative Services?				YES <input checked="" type="checkbox"/> #5778 NO <input type="checkbox"/>	
14. Have you or any partnership or corporation of which you were a member or officer had any license denied, suspended or revoked by any state, territory, or governmental agency?				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
15a. Have you ever been convicted of, or pled guilty or nolo contendere to ANY criminal or civil offense in the United States, its territories, or a foreign country? This includes every citation, infraction, misdemeanor and/or felony. Convictions that were adjudicated in the juvenile court or convictions under California Health and Safety Code sections 11357(b), (c), (d), (e) or section 11360(b) which are two years or older, as well as criminal charges dismissed under section 1000.3 of the Penal Code or equivalent non-California laws, should NOT be reported. Convictions that were later dismissed pursuant to sections 1203.4, 1203.4a, and 1203.41 of the California Penal Code or equivalent non-California law MUST be disclosed.				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
15b. Is any criminal action pending against you, or are you currently awaiting judgment and sentencing following entry of a plea or jury verdict?				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
16. Have you ever used a name other than your present legal name?				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

IMPORTANT: If you answered "YES" to any of the preceding questions, attach a supplementary statement giving a complete and detailed explanation, including dates, names used, license numbers, reasons, convictions, etc.



Secretary of State
Statement and Designation by
Foreign Corporation

S&DC-S/N

IMPORTANT — Read instructions before completing this form.

Must be submitted with a current **Certificate of Good Standing** issued by the government agency where the corporation was formed. See instructions.

Filing Fee — \$100.00 (for a foreign stock corporation) or
 \$30.00 (for a foreign nonprofit corporation)

Copy Fees — First page \$1.00; each attachment page \$0.50;
 Certification Fee - \$5.00

Note: Corporations may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to <https://www.ftb.ca.gov>.

FILED *PS*
Secretary of State
State of California

JUL 07 2017 *PS*

IPC This Space For Office Use Only

1. Corporate Name (Go to www.sos.ca.gov/business/be/name-availability for general corporate name requirements and restrictions.)

2. Jurisdiction (State, foreign country or place where this corporation is formed - must match the Certificate of Good Standing provided.)

Ring Protect Inc.

Delaware

3. Business Addresses (Enter the complete business addresses. Items 3a and 3b cannot be a P.O. Box or "in care of" an individual or entity.)

a. Initial Street Address of Principal Executive Office - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
1523 26th Street	Santa Monica	CA	90404
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
1523 26th Street	Santa Monica	CA	90404
c. Mailing Address of Principal Executive Office, if different than item 3a	City (no abbreviations)	State	Zip Code

4. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL - Complete items 4a and 4b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
		CA	

CORPORATION - Complete item 4c. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete item 4a or 4b

CSC Lawyers Incorporating Service Corporation Service Company Which Will Do Business in California AS CSC - Lawyers Incorporating Service

5. Read and Sign Below (See instructions. Office or title not required.)

I am a corporate officer and am authorized to sign on behalf of the foreign corporation.

Signature

Leila Rouhi Shaffer

Type or Print Name

State of California
Secretary of State

CERTIFICATE OF QUALIFICATION

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify that on the **7th day of July 2017**, **RING PROTECT INC.**, a corporation organized and existing under the laws of **Delaware**, complied with the requirements of California law in effect on that date for the purpose of qualifying to transact intrastate business in the State of California, and that as of said date said corporation became and now is qualified and authorized to transact intrastate business in the State of California, subject however, to any licensing requirements otherwise imposed by the laws of this State.

IN WITNESS WHEREOF, I execute
this certificate and affix the Great Seal
of the State of California this day of
July 14, 2017.



ALEX PADILLA
Secretary of State



**State of California
Secretary of State**

**Statement of Information
(Foreign Corporation)**

FEES (Filing and Disclosure): \$25.00.

If this is an amendment, see instructions.

IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

F

FQ16880

FILED

**In the office of the Secretary of State
of the State of California**

AUG-03 2017

1. CORPORATE NAME
RING PROTECT INC.

2. CALIFORNIA CORPORATE NUMBER C4044585

This Space for Filing Use Only

No Change Statement (Not applicable if agent address of record is a P.O. Box address. See instructions.)

3. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.

☐ If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 13.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE CITY STATE ZIP CODE
1523 26TH STREET, SANTA MONICA, CA 90404

5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY CITY STATE ZIP CODE
1523 26TH STREET, SANTA MONICA, CA 90404

6. MAILING ADDRESS OF THE CORPORATION, IF DIFFERENT THAN ITEM 4 CITY STATE ZIP CODE

Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

7. CHIEF EXECUTIVE OFFICER/ ADDRESS CITY STATE ZIP CODE
MELVIN TANG 1523 26TH STREET, SANTA MONICA, CA 90404

8. SECRETARY ADDRESS CITY STATE ZIP CODE
LEILA SHAFFER 1523 26TH STREET, SANTA MONICA, CA 90404

9. CHIEF FINANCIAL OFFICER/ ADDRESS CITY STATE ZIP CODE
MELVIN TANG 1523 26TH STREET, SANTA MONICA, CA 90404

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 11 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 11 must be left blank.

10. NAME OF AGENT FOR SERVICE OF PROCESS
CORPORATION SERVICE COMPANY WHICH WILL DO BUSINESS IN CALIFORNIA AS CSC-LAWYERS INCORPORATING SERVICE

11. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE

Type of Business

12. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION
ALARM/VIDEO SURVEILLANCE

13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

08/03/2017 LEILA ROUHI SHAFFER SECRETARY
DATE TYPE/PRINT NAME OF PERSON COMPLETING FORM TITLE

SIGNATURE

SI-350 (REV 01/2013)

APPROVED BY SECRETARY OF STATE

Bureau of Security and Investigative Services
PO Box 989002
West Sacramento, CA 95798-9002

September 29, 2017

To Whom It May Concern:

My name is Tyler McCurdy. I am the Qualified Manager for Ring Protect Inc. I have sent numerous letters regarding my responsibilities as the qualifier and how I intend to perform them efficiently. I represent Do It Yourself companies where my responsibilities are similar across the board, namely:

- State compliance with regards to being licensed as an Alarm Company (even though there are no technicians or salespersons in the field). I am familiar with the states protocol to become an Alarm Agent if we are to employ individuals who sell, install, service, or respond to alarms.
- My responsibilities will include that proper training is provided to the end user to eliminate or reduce false alarms. The training / instructions will be provided electronically to the customer.
- I will ensure the customers register their self-installed wireless security systems with the proper authorities where applicable.
- I am involved in the day to day operations of the company and will provide supervision over the operations via email, telephone, instant messaging, and video conferencing and in person as often as I can.

I will also be removing myself from one of the companies I represent within the next 30-60 days as they will be employing a different Qualified Manager who just became licensed in the state of California.

Please approve Ring Protect Inc. as soon as possible as we would very much like to conduct business in California for the customer to self-install our wireless security product. I am confident that I can continue my management responsibilities as the Qualifier for Ring Protect, Inc. given their support team and DIY business model. Please feel free to call me directly if there are any other items needing my attention. It would be greatly appreciated if we can be approved quickly upon your receipt of this letter.

Sincerely,


Tyler McCurdy


Bureau of Security and Investigative Services
PO Box 989002
West Sacramento, CA 95798-9002

September 14, 2017

To Whom It May Concern:

My name is Tyler McCurdy. I am the Qualified Manager for Ring Protect Inc. Our California office is located at:

1523 26th Street Santa Monica, CA 90404

Per the request of the bureau, I will explain how as the Qualified Manager of this company, I will have active direction, control, charge and/or management, in this state, of the licensee's business.

Ring Protect Inc. will be a provider of the Do-It-Yourself business model, wherein, the customer can purchase wireless alarm products online or over the phone and have the opportunity to have them monitored 24 hours a day to add another level of notification and dispatch in the event of emergencies. My expertise and certification as an ACQ in this state will only enhance the current culture of competence and performance and aid the company in compliance for conducting security work in the state.

We are fully aware of the implications of the California Code which stipulate my absolute responsibility and mandate as to the supervision, direction, control and management of Ring Protect Inc. in the State of California.

The few other companies I represent in CA as the ACQ are of a certain size that I am able to adequately perform my responsibilities for each entity without it interfering with my day to day involvement in each. Most are also of a DIY installation nature where the responsibilities differ from having numerous alarm employees within the state. If we ever change the nature of our business plan and hire technicians and/or alarm employees, I will ensure they maintain the appropriate background checks and applicable licenses.


After much discussion, it has been agreed upon that I will meet the intent and purpose of the law via daily involvement with Ring Protect Inc. including the following actions: I and at least one officer of the company that resides in CA will actively be compliant by being the final authorities in approving employee scheduling to only properly registered installers (if we are to



hire any in the future) and in the process of applying for and receiving their ACE and informing the bureau promptly of any and all terminations or transfers. I will be included in all management directives intended for our California business and actively engage in discussions as required and where my scope of responsibility is expected. I will travel to California often to perform management meetings.

Due to the scope of the intended business operations of Ring Protect Inc. in the State of California, I am confident that I am capable and able to satisfy the demands and intent of California law in managing this company. If there is anything else that I must do or otherwise perform in order to satisfy the standards that the bureau desires to uphold, by all means please let me know and I will gladly adopt whatever measures are further required.

Sincerely,


Tylef McCurdy
(435) 590-4138

Acknowledged as of September 15, 2017:


Ma Tang
President

COMPANY APPLICATION CHECKLIST AND APPROVAL FORM

APPLICANT RING PROTECT INC. FILE # 2000243
 APP RECEIVED DATE 8/8/2017 REVIEW REQUEST DATE 9/20/2017 *RECEIVED 10/05*
 QUALIFIED MANAGER MCCURDY, TYLER APPROVED _____
 TECHNICIAN NAME CARMELITA LICENSE TYPE ACU

LICENSE APPLICATION REVIEW

FILE CHECKLIST	YES	NO	N/A	APPROVER CHECKLIST	COMMENTS
SSN (ALL PRINCIPALS & QM)	✓			✓	
CORI-ALL PRINCIPALS & QM	✓			✓	
OTHER BSIS LICENSES	✓			✓	ACR 97K
COMPLAINTS		✓		NO	
FICTITIOUS BUSINESS NAME			✓		
LIABILITY INSURANCE			✓	NA	
VERIFY BUSINESS ADDRESS	✓			✓	
VERIFY RANGE ADDRESS	✓			NO	
# LICENSES QM ASSOCIATED	✓			✓	3
OTHER					
CORPORATION/LLC APPLICANTS					
ARTICLES OF ORG/INC	✓			NA	
FEIN	✓			✓	
STATEMENT OF INFO	✓			✓	
SOS PRINTOUT	✓			✓	

TECHNICIAN NOTES:

LICENSE APPROVED YES ☐ NO ☐ MORE INFORMATION NEEDED ☒

APPROVER NAME _____ DATE 9/27/2017

APPROVER SIGNATURE _____

REASON FOR DENIAL/NEED FOR MORE INFORMATION

Please Provide Articles of org/Inc. I do see the included letter but it does not specify how QM will manage both offices? how much time will be operating each office. Maria Ejaz

SECOND REVIEW - ADDITIONAL INFORMATION PROVIDED

TECHNICIAN'S SUMMARY OF NEW INFORMATION

10/04/17 - OUT OF STATE CORP. DON'T HAVE ARTICLES OF ORG, THEY HAVE STATEMENT AND DESIGNATION BY FOREIGN CORP - ANOTHER LETTER FROM MCCURDY

LICENSE APPROVED YES ☒ NO ☐ MORE INFORMATION NEEDED ☐

APPROVER NAME Maria Ejaz DATE 10/10/2017

APPROVER SIGNATURE _____

REASON FOR DENIAL/MORE INFORMATION _____

LICENSE APPROVED YES ☐ NO ☐

APPROVER NAME _____ DATE _____

APPROVER SIGNATURE _____

RECEIVED

OCT 06 2017

BY: CCU

Bureau of Security and Investigative Services
PO Box 989002
West Sacramento, CA 95798-9002

OCT 09 2017

September 29, 2017

To Whom It May Concern:

My name is Tyler McCurdy. I am the Qualified Manager for Ring Protect Inc. I have sent numerous letters regarding my responsibilities as the qualifier and how I intend to perform them efficiently. I represent Do It Yourself companies where my responsibilities are similar across the board, namely:

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- My responsibilities will include that proper training is provided to the end user to eliminate or reduce false alarms. The training / instructions will be provided electronically to the customer.
- I will ensure the customers register their self-installed wireless security systems with the proper authorities where applicable.
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Please approve Ring Protect Inc. as soon as possible as we would very much like to conduct business in California for the customer to self-install our wireless security product. I am confident that I can continue my management responsibilities as the Qualifier for Ring Protect, Inc. given their support team and DIY business model. Please feel free to call me directly if there are any other items needing my attention. It would be greatly appreciated if we can be approved quickly upon your receipt of this letter.

Sincerely,


Tyler McCurdy

(435) 590-4138

Bureau of Security and Investigative Services



Alarm Company Operator

License No. ACO7723

Issue Date: 10/11/2017
Valid Until: 10/31/2019

RING PROTECT INC.
1523 26TH ST
SANTA MONICA, CA 90404-3507

The above is licensed as a Corporation with the State of California Bureau of Security and Investigative Services.

Qualified Manager - TYLER MCCURDY
Secretary - LEILA SHAFFER
President - MELVIN TANG

PLACE RENEWAL HERE

Valid Until: 10/31/2019

Receipt No. 1789

This Original License must be kept for the life of the license and posted in Public View.

The above named is a licensed Alarm Company Operator in the State of California, subject to the filing for renewal and the payment of the statutory fee by the expiration date.

The license is issued pursuant to, and continues in effect subject to compliance with, the provisions of Chapter 11.6 of Division 3 of the Business and Professions Code of the State of California, and the Rules and Regulations established thereunder, and the above named licensee is duly authorized under said Chapter.

Department of Consumer Affairs
Bureau of Security and Investigative Services
P.O. Box 989002
West Sacramento, CA 95798-9002
(916) 322-4000

--- POST IN PUBLIC VIEW ---

Remove your new Pocket License
from the receipt portion and carry it
with you at all times.

(Please cut along the dotted lines)

Bureau of Security and Investigative Services



P.O. Box 989002
West Sacramento, CA 95798-9002
(916) 322-4000



ALARM COMPANY OPERATOR

License No. ACO7723 Expiration 10/31/2019

PRES OF
RING PROTECT INC.
MELVIN TANG
1523 26TH ST
SANTA MONICA, CA 90404-3507

Receipt No.

1789

Signature _____

Bureau of Security and Investigative Services
P.O. Box 989002
West Sacramento, CA 95798-9002
(916) 322-4000

I M P O R T A N T

1. Please include your license number on any correspondence to this office.
2. Notify the Bureau of any name or address change in writing.
3. Report any loss immediately in writing to the Bureau.
4. Please sign and carry the pocket license with you.

License No.	Expiration Date	Receipt No.
ACO7723	10/31/2019	1789
RING PROTECT INC.		

This is your RECEIPT.

Please save for your records.
1231.CERT31P 0*1117

Remove your new Pocket License
from the receipt portion and carry it
with you at all times.

(Please cut along the dotted lines)

Bureau of Security and Investigative Services



P.O. Box 989002
West Sacramento, CA 95798-9002
(916) 322-4000



ALARM COMPANY OPERATOR

License No. ACO7723 Expiration 10/31/2019

QM OF
RING PROTECT INC.
TYLER W MCCURDY
1523 26TH ST
SANTA MONICA, CA 90404-3507

Receipt No.
1789

Signature _____

Bureau of Security and Investigative Services
P.O. Box 989002
West Sacramento, CA 95798-9002
(916) 322-4000

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License No.	Expiration Date	Receipt No.
ACO7723	10/31/2019	1789
RING PROTECT INC.		

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Bureau of Security and Investigative Services



P.O. Box 989002
West Sacramento, CA 95798-9002
(916) 322-4000



ALARM COMPANY OPERATOR

License No. ACO7723 Expiration 10/31/2019

SEC OF
RING PROTECT INC.
LEILA ROUHI SHAFFER
1523 26TH ST
SANTA MONICA, CA 90404-3507

Receipt No.
1789

Signature _____

Bureau of Security and Investigative Services
P.O. Box 989002
West Sacramento, CA 95798-9002
(916) 322-4000

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License No.	Expiration Date	Receipt No.
ACO7723	10/31/2019	1789
RING PROTECT INC.		

This is your RECEIPT.

Please save for your records.
1231 CERT31P 011117



BUREAU OF SECURITY AND INVESTIGATIVE SERVICES

P.O. BOX 989002
West Sacramento, CA 95798-9002
(916) 322-4000
www.bsis.ca.gov



Alarm Company Operator Renewal Notice

LICENSEE NAME	LICENSE NO.	EXPIRATION DATE	AMOUNT DUE NOW	AMOUNT DUE IF POSTMARKED ON OR AFTER NOVEMBER 01, 2019
RING PROTECT INC.	ACO7723	10/31/19	\$750.00	\$1,125.00

I. Renewal Instructions

Attention:

- To Renew Online, visit www.breeze.ca.gov.
- The license listed above is subject to renewal. Each license is issued to a specific company at a specific business location. All licenses must be renewed on or before the date of expiration. A delinquent fee is added for renewals postmarked after the expiration date. The total delinquent renewal fee is shown above. A LICENSE MAY NOT BE RENEWED MORE THAN 3 YEARS AFTER ITS EXPIRATION DATE.
- YOU MAY NOT ENGAGE IN THE BUSINESS OF AN ALARM COMPANY OPERATOR AFTER THE EXPIRATION DATE UNLESS THE LICENSE IS RENEWED.
- Firearm Permit Holders: If you are renewing your Firearm permit at the same time as your Alarm Company Operator license, please send in your renewal fees separately using separate checks and envelopes.

Renewal Checklist:

- ☐ Complete the renewal application on page 3 in black or blue ink and make a copy for your records.
Return the entire page in the enclosed envelope.
Make sure the return address shows through the window of the envelope.
- ☐ DO NOT SEND CASH.
Send a check or money order made payable to: Bureau of Security and Investigative Services.
Renewal applications submitted without payment will not be processed.

Alarm Company Operator Renewal Notice, 1231.RNWL10.121718; *Bureau of Security and Investigative Services*

II. Renewal Application

(Complete and return entire page. Fold according to instructions on reverse side.)

Question 1: Change of Business Name

Has a change of name occurred?

- If **Yes**, please go to **www.breeze.ca.gov** to complete a Change of Name transaction or refer to the Bureau's website at **www.bsis.ca.gov** to obtain the Name Change form.

Question 2: Change of Business Address

Has a change occurred to the Address of Record?

- If Yes, check Box "E" below and complete Change of Address of Record on the reverse side.

NOTE: If you need to change the Physical or Confidential Address, please go to the Bureau's website at www.bsis.ca.gov to obtain a Change of Address form.

(DO NOT DETACH)

Bureau of Security and Investigative Services -- Alarm Company Operator Renewal

REGISTRANT NAME
RING PROTECT INC.

REGISTRATION NO.
ACO7723

EXPIRATION
DATE
10/31/19

**AMOUNT
DUE NOW
\$750.00**

AMOUNT DUE IF
POSTMARKED ON OR AFTER
NOVEMBER 01, 2019
\$1,125.00

LICENSEE MUST CHECK CORRECT BOXES

"E" ☐ Change of Address (fill in reverse side)

SIGNATURE REQUIRED

The following certification must be signed by the licensee (actively in charge sole owner, partner, or corporate officer) or qualified manager. I certify, under penalty of perjury under the laws of the State of California, that all statements attached hereto are true and accurate.

PHONE NUMBER:

Print Name _____

Signature _____ Date _____

24200103150103158000077230011031190007500000112500

Alarm Company Operator Renewal Notice, 1231.RNWL10.121718; Bureau of Security and Investigative Services

RING PROTECT INC.
1523 26TH ST
SANTA MONICA, CA 90404-3507

↓

↓

AC07723

[illegible][illegible][illegible]

State	

--	--	--	--	--

--	--	--	--

Application Summary

8/21/19 1:14 PM

Page 1 of 2

License Type: **Alarm Company Operator**
License Number: **7723**
File Number: **2000243**
Application: **Alarm Company Operator License Renewal**
Application Number: **6695629**
Application Date: **08/21/2019 (mm/dd/yyyy)**

Application Questions

Have you served, or are you currently,
serving in the U.S. Armed Forces?

No

Organization Detail

Organization Name:

RING PROTECT INC.

Addresses

License Related Addresses

Address of Record

Warning:

**In order to protect your privacy and identity,
address will not be displayed.**

Physical Address

Warning:

**In order to protect your privacy and identity,
address will not be displayed.**

Related Licenses

Relation Name:

ACO to Qualified Manager

Required:

Y

Your Role:

Alarm Company Operator

Other Party Role:

Qualified Manager

MCCURDY, TYLER W

Alarm Company Qualified Manager - 5778

Current - 2019-11-30

Relation Name:

Secretary

Required:

N

Your Role:

Business License

Other Party Role:

Principal

Shaffer, Leila Rouhi

Company Principal - 51084

	Current - null
Relation Name:	President
Required:	N
Your Role:	Business License
Other Party Role:	Principal
	Tang, Melvin
	Company Principal - 51083
	Current - null

Attachments

Fees

Alarm Company Operator Renewal License Fee	\$750.00
--	-----------------

Total Amount Due:	\$750.00
-------------------	-----------------

Applications are not considered submitted for processing until payment is received.

Attestation

I declare under penalty of perjury, under the laws of the State of California, that all statements on this application are true and correct, with full knowledge that all statements herein are subject to investigation and that any false, dishonest, or incomplete answers to any questions on the application may be grounds for denial or subsequent revocation of my license and/or criminal prosecution.



Department of Consumer Affairs

RECEIPT

24542538

Thank you for using the BreEZe System to submit your application.

Name:	RING PROTECT INC.
Transaction Date:	08/22/2019 07:27
Application Number:	6695629
Complaint Number:	
License Type:	1231
License Number:	7723
Payment Description:	Alarm Company Operator License Renewal
Fee Paid: (US \$)	750.00
Remaining Balance: (US \$)	0.00

Please print and save this receipt for your records.

This receipt is provided as a record for the above named licensee/applicant.

Illegal use or alteration of this receipt may result in criminal prosecution.

ALARM COMPANY OPERATOR

License No. ACO7723

Valid Until: 10/31/2021

Receipt No. 3656

RING PROTECT INC.
1523 26TH ST
SANTA MONICA, CA 90404-3507

In accordance with the provisions of
Division 3, Chapter 11.6 of the Business
and Professions Code, the company
named hereon is issued an Alarm
Company Operator License Renewal.

----- NON-TRANSFERABLE ----- POST IN PUBLIC VIEW -----

WPIACO 10/2015

Remove your new Pocket License
from the receipt portion and carry it
with you at all times.

(Please cut along the dotted lines)

Bureau of Security and Investigative Services



P.O. Box 989002
West Sacramento, CA 95798-9002
(916) 322-4000



ALARM COMPANY OPERATOR

License No. ACO7723 Expiration 10/31/2021

PRES OF
RING PROTECT INC.
MELVIN TANG
1523 26TH ST
SANTA MONICA, CA 90404-3507

Receipt No.

3656

Signature _____

Bureau of Security and Investigative Services
P.O. Box 989002
West Sacramento, CA 95798-9002
(916) 322-4000

I M P O R T A N T

1. Please include your license number on any correspondence to this office.
2. Notify the Bureau of any name or address change in writing.
3. Report any loss immediately in writing to the Bureau.
4. Please sign and carry the pocket license with you.

License No.	Expiration Date	Receipt No.
ACO7723	10/31/2021	3656
RING PROTECT INC.		

This is your RECEIPT.

Please save for your records.

1231 CERT31P.011117

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Bureau of Security and Investigative Services
STATE OF CALIFORNIA
dca P.O. Box 989002
West Sacramento, CA 95798-9002
DEPARTMENT OF COMMERCE AFFAIRS (916) 322-4000



ALARM COMPANY OPERATOR

License No. ACO7723 Expiration 10/31/2021

SEC OF
RING PROTECT INC.
LEILA ROUHI SHAFFER
1523 26TH ST
SANTA MONICA, CA 90404-3507

Receipt No.

Signature _____ 3656

Bureau of Security and Investigative Services
P.O. Box 989002
West Sacramento, CA 95798-9002
(916) 322-4000

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ACO7723	10/31/2021	3656
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Bureau of Security and Investigative Services



P.O. Box 989002
West Sacramento, CA 95798-9002
(916) 322-4000



ALARM COMPANY OPERATOR

License No. ACO7723 Expiration 10/31/2021

QM OF
RING PROTECT INC.
TYLER W MCCURDY
1523 26TH ST
SANTA MONICA, CA 90404-3507

Receipt No
3656

Signature _____

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ACO7723	10/31/2021	3656
RING PROTECT INC.		

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Please save for your records.
1231.CERT31P.011117

AlarmCompanies@DCA

From: AlarmCompanies@DCA
Sent: Wednesday, October 11, 2017 4:17 PM
To: Crystal Willis
Subject: RE: California Alarm Company Operator License Application - Ring Protect Inc. (Tyler McCurdy)

You are very welcome!

From: Crystal Willis [mailto:crystalwillis@compliancesolutions.us]
Sent: Wednesday, October 11, 2017 2:19 PM
To: AlarmCompanies@DCA <AlarmCompanies@dca.ca.gov>
Subject: RE: California Alarm Company Operator License Application - Ring Protect Inc. (Tyler McCurdy)

You are absolutely amazing!! Thanks for all your help on this!

Crystal Willis

crystalwillis@compliancesolutions.us

www.compliancesolutions.us

Tel 704.288.1798

121 W Council Street, Suite 301 Salisbury, NC 28144



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From: AlarmCompanies@DCA [mailto:AlarmCompanies@dca.ca.gov]
Sent: Wednesday, October 11, 2017 5:14 PM
To: Crystal Willis <crystalwillis@compliancesolutions.us>
Subject: RE: California Alarm Company Operator License Application - Ring Protect Inc. (Tyler McCurdy)

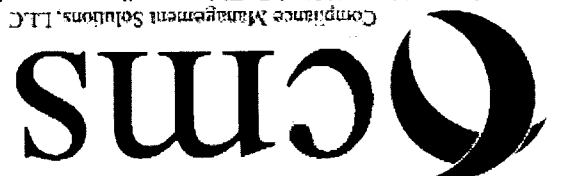
I just received the approval today and Ring Protect, Inc is now license. License # is ACO 7723.

Thanks,
Carmelita

From: Crystal Willis [mailto:crystalwillis@compliancesolutions.us]
Sent: Wednesday, October 11, 2017 11:15 AM
To: AlarmCompanies@DCA <AlarmCompanies@dca.ca.gov>
Cc: 'Kate Fisher' <katefisher@compliancesolutions.us>; 'George Bish' <george.bish@ring.com>; 'Ty McCurdy' <ty.mccurdy@ring.com>
Subject: FW: California Alarm Company Operator License Application - Ring Protect Inc. (Tyler McCurdy)

Hi, Carmelita. Hope you are doing well. Could I please check the status of this application?

Thanks in advance for your help!



121 W Council Street, Suite 301 Salisbury, NC 28144
Tel 704.288.1798

www.complianceolutions.us
crystalwillis@complianceolutions.us

Crystal Willis

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From: Crystal Willis [mailto:crystalwillis@complianceolutions.us]

Sent: Tuesday, October 3, 2017 1:45 PM

To: 'alarmcompanies@dca.ca.gov' <alarmcompanies@dca.ca.gov>

Cc: 'Kate Fisher' <katefisher@complianceolutions.us>; 'George Bish' <george.bish@ring.com>; 'Ty McCurdy'

<ty.mccurdy@ring.com>

Subject: FW: California Alarm Company Operator License Application - Ring Protect Inc. (Tyler McCurdy)

Hi, Carmelita. Please see attached letter from Tyler McCurdy he wanted me to forward to you regarding Ring Protect Inc.'s application.

Please let me know if you need anything further.

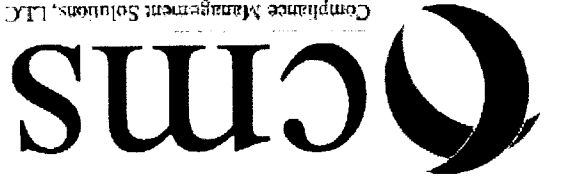
Thanks,

Crystal Willis

crystalwillis@complianceolutions.us

www.complianceolutions.us

Tel 704.288.1798
121 W Council Street, Suite 301 Salisbury, NC 28144



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From: Crystal Willis [mailto:crystalwillis@complianceolutions.us]

Sent: Thursday, September 28, 2017 12:12 PM

To: 'Ty McCurdy' <ty.mccurdy@ring.com>

Cc: 'George Bish' <george.bish@ring.com>; 'Kate Fisher' <katefisher@complianceolutions.us>

Subject: FW: California Alarm Company Operator License Application - Ring Protect Inc. (Tyler McCurdy)

Hi, Tyler. Please see below from Carmelita.

Thanks,

Crystal Willis

crystalwillis@compliancesolutions.us

www.compliancesolutions.us

Tel 704.288.1798

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From: AlarmCompanies@DCA [<mailto:AlarmCompanies@dca.ca.gov>]

Sent: Thursday, September 28, 2017 12:08 PM

To: Crystal Willis <crystalwillis@compliancesolutions.us>

Subject: RE: California Alarm Company Operator License Application - Ring Protect Inc. (Tyler McCurdy)

Hi Crystal,

I received the file from management and the analyst reviewing it is requesting a detailed plan on how Tyler will oversee the 4 companies, how much time he will be operating each offices. I know Tyler sent the same letter on the previous applications for the other companies where he is the QM, but each analyst have their own ways of reviewing the files.

Please provide another business plan/ letter detailing the actionable items that he will perform to substantiate that he is in charge of 4 Companies.

Thank you,
Carmelita

From: AlarmCompanies@DCA

Sent: Tuesday, September 26, 2017 8:55 AM

To: 'Crystal Willis' <crystalwillis@compliancesolutions.us>

Subject: RE: California Alarm Company Operator License Application - Ring Protect Inc. (Tyler McCurdy)

I haven't receive the file from management.

From: Crystal Willis [<mailto:crystalwillis@compliancesolutions.us>]

Sent: Monday, September 25, 2017 7:15 AM

To: AlarmCompanies@DCA <AlarmCompanies@dca.ca.gov>

Cc: katefisher@compliancesolutions.us; george.bish@ring.com

Subject: FW: California Alarm Company Operator License Application - Ring Protect Inc. (Tyler McCurdy)

Good morning. I am following up regarding the below email. Can you let me know the status as soon as possible?

Thanks,

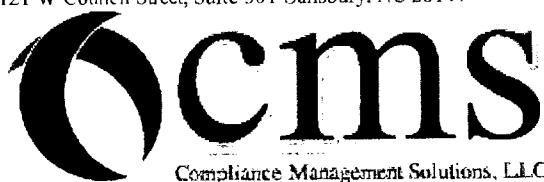
Crystal Willis

crystalwillis@compliancesolutions.us

www.compliancesolutions.us

Tel 704.288.1798

121 W Council Street, Suite 301 Salisbury, NC 28144



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From: AlarmCompanies@DCA [<mailto:AlarmCompanies@dca.ca.gov>]

Sent: Wednesday, September 20, 2017 6:56 PM

To: Crystal Willis <crystalwillis@compliancesolutions.us>

Subject: RE: California Alarm Company Operator License Application - Ring Protect Inc. (Tyler McCurdy)

It was submitted for management review.

Thank you,
Carmelita

From: Crystal Willis [<mailto:crystalwillis@compliancesolutions.us>]

Sent: Tuesday, September 19, 2017 2:49 PM

To: AlarmCompanies@DCA <AlarmCompanies@dca.ca.gov>

Cc: 'George Bish' <george.bish@ring.com>; 'Kate Fisher' <katefisher@compliancesolutions.us>

Subject: FW: California Alarm Company Operator License Application - Ring Protect Inc. (Tyler McCurdy)

Importance: High

Good evening. I am following up regarding the below email and attachment. Can you let me know the status of this license?

Thanks in advance for all your help!

Crystal Willis

crystalwillis@compliancesolutions.us

www.compliancesolutions.us

Tel 704.288.1798

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Compliance Management Solutions, LLC

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From: Crystal Willis [<mailto:crystalwillis@compliancesolutions.us>]

Sent: Monday, September 18, 2017 10:30 AM

To: 'AlarmCompanies@DCA' <AlarmCompanies@dca.ca.gov>

Cc: 'Kate Fisher' <katefisher@compliancesolutions.us>; 'George Bish' <george.bish@ring.com>; 'Ty McCurdy' <ty.mccurdy@ring.com>

Subject: RE: California Alarm Company Operator License Application - Ring Protect Inc. (Tyler McCurdy)

Please see attached requested letter.

Please let me know if you need anything further.

Thanks,

Crystal Willis

crystalwillis@compliancesolutions.us

www.compliancesolutions.us

Tel 704.288.1798

121 W Council Street, Suite 301 Salisbury, NC 28144



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From: AlarmCompanies@DCA [<mailto:AlarmCompanies@dca.ca.gov>]

Sent: Monday, September 11, 2017 5:08 PM

To: Crystal Willis <crystalwillis@compliancesolutions.us>

Subject: RE: California Alarm Company Operator License Application - Ring Protect Inc. (Tyler McCurdy)

Hi Crystal,

The Bureau received the application packet, unfortunately we don't expedite application. We process application according to date we receive applications. I am reviewing the file, the only thing that is missing is the business plan of the Qualified Manager Tyler McCurdy. His QM license is already associated with 3 ACO license. So once Ring Protect will be license what would be hi business plan to handle 4 Alarm Companies He needs to put in detail the actionable items he will perform to substantiate that he is in charge of multiple companies and how will the officers work with the QM since Tyler is not a California resident.

This business plan or letter needs to signed and dated by Tyler and one of the officer (tang or Schaffer).

Let me know if you have any questions.

Thank you,

Alarm Company Desk

DCA-Bureau of Security and Investigative Services

2420 Del Paso Road, Suite 270

Sacramento, CA 95834

From: Crystal Willis [<mailto:crystalwillis@compliancesolutions.us>]

Sent: Friday, September 08, 2017 8:38 AM

To: AlarmCompanies@DCA <AlarmCompanies@dca.ca.gov>

Cc: 'Kate Fisher' <katefisher@compliancesolutions.us>; 'George Bish' <george.bish@ring.com>

Subject: California Alarm Company Operator License Application - Ring Protect Inc. (Tyler McCurdy)
Importance: High

Good morning. I shipped the above referenced package to the state via Fedex on 8/7/2017. The package was received on 8/8/2017 by the state. Can you let me know the status of the application?

Also, is there any way that we can expedite this license application by paying an additional fee?

Thanks in advance for all your help.

Crystal Willis
crystalwillis@compliancesolutions.us
www.compliancesolutions.us
Tel 704.288.1798
121 W Council Street, Suite 301 Salisbury, NC 28144



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AlarmCompanies@DCA

From: AlarmCompanies@DCA
Sent: Tuesday, August 28, 2018 12:16 PM
To: Crystal Willis
Subject: RE: CA ACQ - Ring Protect Inc. (George Bish)

Hello,

George Bish is already approved to take the test, he should have received his Candidate Information Bulletin. He could call PSI to schedule his exam and reference his call to this number 30000260.

Thanks,
Carmelita

From: Crystal Willis <crystalwillis@compliancesolutions.us>
Sent: Friday, August 24, 2018 2:01 PM
To: AlarmCompanies@DCA <AlarmCompanies@dca.ca.gov>
Cc: 'Kate Fisher' <katefisher@compliancesolutions.us>
Subject: FW: CA ACQ - Ring Protect Inc. (George Bish)

Hi, Carmelita. Any update regarding below?

Thanks,

Crystal Willis
crystalwillis@compliancesolutions.us
www.compliancesolutions.us
Tel 704.288.1798 ext. 103
121 W Council Street, Suite 301 Salisbury, NC 28144



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From: AlarmCompanies@DCA [<mailto:AlarmCompanies@dca.ca.gov>]
Sent: Wednesday, August 1, 2018 1:34 PM
To: Crystal Willis <crystalwillis@compliancesolutions.us>
Subject: RE: CA ACQ - Ring Protect Inc. (George Bish)

Hello,

George Bish finger print result was just received today. The application was submitted to management for review.

Thank you,

Carmelita
Alarm Company Desk
DCA-Bureau of Security and Investigative Services
2420 Del Paso Road, Suite 270
Sacramento, CA 95834

From: Crystal Willis <crystalwillis@compliancesolutions.us>
Sent: Tuesday, July 31, 2018 6:01 AM
To: AlarmCompanies@DCA <AlarmCompanies@dca.ca.gov>
Cc: 'Kate Fisher' <katefisher@compliancesolutions.us>
Subject: CA ACQ - Ring Protect Inc. (George Bish)

Hi, Carmelita. Hope you are doing well. I need to check the status of the above referenced application. It was shipped to the state via Fedex on 5-2-2018.

Thanks,

Crystal Willis
crystalwillis@compliancesolutions.us
www.compliancesolutions.us
Tel 704.288.1798
121 W Council Street, Suite 301 Salisbury, NC 28144



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